

SURVEY OF SANITATION FACILITIES AND OPERATION & MAINTENANCE ORGANIZATION

Survey Team: Craig Paulsen (EPA), Ron Sather (7 Cedars Maintenance Manager), Vickie Carroll (Jamestown Tribe Water Operator)

Inspection Date: 6/11/02	<input checked="" type="checkbox"/> Water <input type="checkbox"/> Sewer	System Name: Jamestown S'Klallam Tribe – 7 Cedars Casino	
Access Code:	System Address/ Location: 270756 Highway 101 Sequim, WA 98382		Phone: 360-681-6734
Chairman: W. Ron Allen Tribe: Jamestown S'Klallam	Owner/Tribal Address Location: 1033 Old Blyn Hwy. Sequim, WA 98382		Phone: 360-681-1109
Facility Manager: Ron Sather	Address: 270756 Highway 101 Sequim, WA 98382		Phone: 360-681-6734
Operator(s):	Certification:	Address:	Phone:
Ron Sather	N/A	270756 Highway 101 Sequim, WA 98382	360-681-6734
Board Members: _____ _____ _Jerry Allen_____ _____	Title/Duties _____ _Gen. Mgr_____ _____	Address: _____ 270756 Highway 101 Sequim, WA 98382_____	Phone: _____ _____ _____
Dept. Managers: _____ _____ _____ _____	Title/Duties _____ _____ _____	Address: _____ _____ _____	Phone: _____ _____ _____
Essential Personnel: _____ _____ _____ _____	Title/Duties _____ _____ _____	Address: _____ _____ _____	Phone: _____ _____ _____

#105300108

ORGANIZATION & MANAGEMENT

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Utility Organization in Place	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utility Manager	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Primary Operator(s)	
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	Alternate Operator(s)	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Descriptions in Place	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chain of Command Set	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Personnel	

Location data:

Well- Lat N48' 01.341"
Long W123 00.627"

Water Room (treatment)- Lat N48' 01.293"
Long W123' 00.605"

Storage tank- Lat N48' 01.318"
Long W123' 00.924"

DOCUMENTATION:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Water Ordinance
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Sewer Ordinance
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Solid Waste Ordinance
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Land Use Ordinance
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Time Study
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan of Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Capital Improvement Plan
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enterprise Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Site Control Plan
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Source Protection Plan
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	Emergency Response Plan
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	Safety Plan
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	Comprehensive Plan
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	R & R Plan
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	Time Study
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As-Builts
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O&M Manuals
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Sampling Plan

NOTES:

Recommended

NOTES:

Limited infrastructure, uses casino management system for operating and maintaining water system.

FINANCIAL MANAGEMENT NOTES:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Enterprise Utility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Budget	
		<input type="checkbox"/>		Separate from other Programs	
			<input type="checkbox"/>	Operating Budget	
			<input type="checkbox"/>	Cash Flow Budget	
			<input type="checkbox"/>	Capital Expenditure Budget	
			<input type="checkbox"/>	Routine PM Included	
			<input type="checkbox"/>	Annual Training Included	
			<input type="checkbox"/>	Annual Audit	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Monthly Income Statements	
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	User Rates	
			<input type="checkbox"/>	Applies to All Users	
			<input type="checkbox"/>	Established by Resolution	
			<input type="checkbox"/>	Billing System	
			<input type="checkbox"/>	Billing Enforcement Policy	
			<input type="checkbox"/>	Annual Review	
			<input type="checkbox"/>	Written Agreements w/ Users	
			<input type="checkbox"/>	Collection Rate > 85%	
			<input type="checkbox"/>	Tribal Subsidy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Reserve/Emergency Account	

NOTES:

Operating/maintenance funds from casino operating budget.

OPERATION:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer & Modem	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Office Available	
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	O&M Schedules/ PM Plan	
			*	Structures well kept	
			*	Equipment well kept	
			<input type="checkbox"/>	Annual Review	
			<input type="checkbox"/>	Sanitation Systems Check Lists	
			<input type="checkbox"/>	Meters/Pump Record Keeping	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Repetitive Jobs ID'd	
<input type="checkbox"/>	<input type="checkbox"/>	*	<input type="checkbox"/>	Emergencies < 5%	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Garbage Collected	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Work Week Planner	

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | * | Performance Evaluations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | * | Incentives for Raises |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient Tools |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sufficient Vehicles |
| <input type="checkbox"/> | <input type="checkbox"/> | * | <input type="checkbox"/> | Training |
| | | | <input type="checkbox"/> | Operator(s) Certified |
| | | | <input type="checkbox"/> | Manager - UMT W/S (Class) |
| | | | <input type="checkbox"/> | Training Plans/Needs |
| | | | <input type="checkbox"/> | On-Site Training |
-

- | | | | | |
|--------------------------|--------------------------|---|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | * | <input type="checkbox"/> | Safety |
| | | | <input type="checkbox"/> | Monthly Meeting |
| | | | <input type="checkbox"/> | Equipt is Utilized |
| | | | <input type="checkbox"/> | HazMat & MSDS |
| | | | <input type="checkbox"/> | Fire Extinguishers |
| | | | <input type="checkbox"/> | CPR |
| | | | <input type="checkbox"/> | Eye Safety |
| | | | <input type="checkbox"/> | Heavy Equipt Ops |
| | | | <input type="checkbox"/> | Alcohol/Drug Use |
| | | | <input type="checkbox"/> | Confined Space |
| | | | <input type="checkbox"/> | Traffic Control |
| | | | <input type="checkbox"/> | Electrical Safety |
| | | | <input type="checkbox"/> | Trench/Excavate |
| | | | <input type="checkbox"/> | Personal Protection |
| | | | <input type="checkbox"/> | Falling Safety |
-

- | | | | | |
|--------------------------|---|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | Well Head Protection |
|--------------------------|---|--------------------------|--------------------------|----------------------|

RECORDS:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>
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NOTES:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | * | Customer Records |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maintenance Records |
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | Monthly Activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | * | PM Records |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Manufacturer's Data |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bac-T Testing |
-

- | | | | | |
|---|--|--|--------------------------|----------------------------|
| * | | | | Analysis Understood |
| | | | <input type="checkbox"/> | Regulations Known |
| | | | * | Results Kept & Compared |
| | | | <input type="checkbox"/> | Follow-up Actions Recorded |

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------------------|-----------------------|
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Chemical Testing | <u>annual nitrate</u> |
| | | | * | Analysis Understood | |
| | | | <input type="checkbox"/> | Regulations Known | |
| | | | <input type="checkbox"/> | Results Kept & Compared | |
| | | | <input type="checkbox"/> | Follow-up Actions Recorded | |
-

- * ☐ ☐ ☐ Inventory
- ☐ Up to Date
 - ☐ Testing Equipt
 - ☐ Chemicals
 - ☐ No Borrow Policy
 - ☐ Adequate Storage
 - ☐ Reduction Policy

- ☐ ☐ ☐ * Purchasing
☐ Planned
- ☐ Alternate Shipping
 - ☐ Re-order policy
 - ☐ Procedures Followed
 - ☐ Use Purchase Orders

- ☐ ☐ ☐ * Cost Control
- ☐ Cost Estimates Done
 - ☐ Staff Discussions
 - ☐ Budget Review

NOTES:

STATE / FEDERAL REGULATIONS:

- | <u>Yes</u> | <u>No</u> | <u>?</u> | <u>N/A</u> | <u>ITEMS</u> | <u>NOTES:</u> |
|--------------------------|--------------------------|--------------------------|--------------------------|--|---------------|
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Known Testing Requirements | |
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | System Sampling Plan | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Scheduled Testing Done | |
| | | | * | Bac-T | |
| | | | | <input type="checkbox"/> Inorganics | |
| | | | | <input type="checkbox"/> Radiologicals | |
| | | | | <input type="checkbox"/> Organics (SOCls, VOCls) | |
| | | | | <input type="checkbox"/> Turbidity | |
| | | | | <input type="checkbox"/> Other | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Testers Adequately Trained | |

NOTES:

EPA agreed to continue quarterly total coliform bacteria testing frequency as long as samples continue to show negative results, but requested initiation of annual nitrate test. Facility Manager agreed.

PUBLIC WATER SUPPLY SYSTEMS:

Population Served: 140-1200 (events)	# Connections: 2	# Meters 1 master	<input type="checkbox"/> Actual <input type="checkbox"/> Potential	Max. System Production: _____ GPD
# Homes 0	# Businesses 1	# Public Bldgs 0	<input checked="" type="checkbox"/> Metered <input type="checkbox"/> Estimated	Ave. System Production: _____ 6,000 _____ GPD
SOURCE: <input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Surface <input type="checkbox"/> Purchased <input type="checkbox"/> Spring <input type="checkbox"/> Infiltration <input type="checkbox"/> Gallery <input type="checkbox"/> Distribution <input type="checkbox"/> Only <input type="checkbox"/> Other	Description <p>Single primary well, one backup. Casino opened in 1995, but primary well was already in place at that time. Have requested well log from Clallam County. Primary well is located in enclosed pit in front parking lot. Pit is dry, drained via 6-inch drain pipe to edge of building pad by Hwy. 101. Wellhead is sealed, standing approximately 5 feet above pit floor, covered by steel hatch. Lip of hatch frame is elevated approximately 1 inch to prevent storm water runoff from entering well pit. Pit does not show sign of water entry. Water system serves casino and a sink/bathroom located at the adjacent fireworks stand. Water mains are 8-inch and 12-inch. Water storage is 210,000 gallon bolted steel tank located above casino by maintenance buildings. Tank constructed in 1994, good condition.</p> <p>Water treatment consists of ozone (generator with air dryer), ozone injection using static mixer, to fiberglass contact tank for manganese removal, followed by two pressure filters with multi-media including anthracite coal and gravel. Auto back flush.</p> <p>Air bubblers in storage tank to prevent stratification due to large proportion dedicated to fire flow. Tank shows no leaks, base in good repair. Safety ladder secured with padlock. Top air vent screened and hatch closed.</p>			

SOURCE PROTECTION:

Yes No ? N/A ITEMS

NOTES:

Compound:

<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Fenced Against Vandalism
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weed / Plant Control
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil/Erosion/Rodent Control
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris/Trash Control
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tool/Supply Room Organized
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessible Valves/Valve Box
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Electric Meter Box in Order
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access Road Maintained

NOTES:

Water system is fairly new and is in good condition. Maintenance is done under contract. Media in pressure filters will be replaced within the next few weeks.

Ozonation by Clear Water generator/air dryer via static mixer to baffled contact tank of approximately 100 gallons. Objective is manganese removal, but serves to disinfect as well. No history of microbial contamination.

Absent a well log for the primary well and with the location of the well in a pit under the parking lot, there is some concern about source water protection from storm water runoff and spillage from vehicles in the parking lot. Physical security of wellhead is good and wellhead cover/fittings are tightly sealed. Well pit is dry and did not show sign of water leaking into this compartment. Six-inch drain should be screened to prevent entry of animals/debris. Basic wellhead protection plan should be considered, including plans for alternate water source in the event of damage to the primary well. EPA agreed to forward guidance manual for small water system wellhead protection plan development.

GROUND WATER:

WELL Identification	Well Dia. (In.)	Well Depth (Ft)	Pump Depth (Ft)	Pump Capacity (GPM)	Well Drawdown (Ft)	Pump Type	Pump Age (Yr)	Static Water Level (Ft)	Date Drilled

Remarks, Deficiencies, and Recommendations:

Pending receipt of well log from Clallam County

Well(s):

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pollutution/Contaminant Control	Ensure screening of well pit drain.
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil/Erosion/Rodent Control	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Slab	
				* In Good Repair	
				<input type="checkbox"/> Sufficient Slope for Drainage	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sanitary Seal is Sound	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Vent	
				<input type="checkbox"/> Screened	
				<input type="checkbox"/> Facing Down	
				<input type="checkbox"/> 18" Above Flood Level	approx. 5 feet above well pit bottom
				<input type="checkbox"/> Back Siphon Control	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Annular Seal	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Quality Testing	

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pump Test Records |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pitless Adapter |
| | | | | * Top Sanitary Seal |
| | | | | * Elec. Cable Seal Weathertight |
| | | | | * Cable Sleeves Tight |
| | | | | * Cable in Good Condition |
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | Well Casing 6" above ground _____ well casing 5 feet above well pit floor |

NOTES:

Successful well operation is dependent upon keeping water/debris/animals from entering well pit via top hatch and drain. Drain outlet should be screened. Wellhead plumbing tree is in good condition with sealed cables/connections.

Pump House(s):

Yes No ? N/A ITEMS

NOTES:

I. Structural:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | Enclosed by Locked Fence _____ well enclosed in concrete well pit, water treatment room ("water room") is enclosed in casino building |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structure is sound |
| | | | | * Walls |
| | | | | <input type="checkbox"/> Windows |
| | | | | * Floor |
| | | | | * Ceiling |
| | | | | * Door (w/lock?) |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paint (inside/outside) is Good |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors drain away from casing |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floor drain functional |
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | Insects/Rodents Excluded |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Condensation NOT Excessive |

II. Heater:

*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	He	Operational
			*	Grounding	
			*	Venting	
			*	Shielding	
			*	Stability	

*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thermostatic Controls Work
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III. Electricity:

*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable Wiring
			*	Insulation
			*	Connections
			*	Lighting
			*	Security of Elec. Meter Case

*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlets Grounded
			<input type="checkbox"/>	Spare Fuses
			<input type="checkbox"/>	Spare Light Bulbs

NOTES:

IV. Controls/Appurtenances are present and functional:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto Control Valves	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Alternator	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Pump Starts Balanced	
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Pump Starts Counter	
<input type="checkbox"/>	*	<input type="checkbox"/>	<input type="checkbox"/>	Elapse time meters	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Status lights	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Controls calibrated (ie. Reservoir will fill without overflowing)	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping (NO Leaks)	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure gauge	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Meter	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valves	

* ☐ ☐ ☐ NO Signs of Water Hammer

V. Reference Literature & Records

* ☐ ☐ ☐ As-Builts _____

☐ * ☐ ☐ Water Usage Records

☐ * ☐ ☐ Pump Records _____

* ☐ ☐ ☐ PM contacts

☐ ☐ ☐ * CI- Residual Records

☐ ☐ ☐ * F - Residual Records

* ☐ ☐ ☐ O&M Manuals _____

* Pumps

☐ CI/F System(s)

* Auto Pump Controls

VI. General Housekeeping:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tools Organized	
				* Adequate Tools	
				* In good repair	

VI. Treatment:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Chlorination	_____
			<input type="checkbox"/>	Adequate CL- residual	
				<input type="checkbox"/> Eqpmt. O&M Satisfactory	
				<input type="checkbox"/> Eqpmt. Properly Designed	
				<input type="checkbox"/> Flow Switch	
				<input type="checkbox"/> Control Circuits	
				<input type="checkbox"/> Backflow Prevention	
				<input type="checkbox"/> Adequate Chemicals	
				<input type="checkbox"/> Appropriate Chemicals	
				<input type="checkbox"/> Appropriate Storage	
				<input type="checkbox"/> Safety Eqpmt.	
				<input type="checkbox"/> Acceptable Ventilation	
				<input type="checkbox"/> Field Test Eqpmt. Available	
				<input type="checkbox"/> Field Test Reagents Current	
				<input type="checkbox"/> Proper Vat Dilutions Made	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Gas Chlorination	_____
			<input type="checkbox"/>	CI- Tanks Upright & Secure	
				<input type="checkbox"/> Emergency Repair Kit Available	
				<input type="checkbox"/> SCBA's Available	
				<input type="checkbox"/> Operators Trained in SCBA's	
				<input type="checkbox"/> Mechanical Exhaust Ventilation	

- ☐ Near Floor
- ☐ Working Order
- ☐ Outside Switch
- ☐ Exhausts to Safe Area
- ☐ Escape Plan
- ☐ Cl-Room is Separate Space
- ☐ Hazardous Warning Signs
- ☐ Leak Monitoring Equipt.

NOTES:

Ozonation/particle filtration only. Manganese removal is objective.

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
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- | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fluoridation | |
| | | | | <input type="checkbox"/> Adequate F- residual | |
| | | | | <input type="checkbox"/> Equipt. O&M Satisfactory | |
| | | | | <input type="checkbox"/> Equipt. Properly Designed | |
| | | | | <input type="checkbox"/> Flow Switch | |
| | | | | <input type="checkbox"/> Control Circuits | |
| | | | | <input type="checkbox"/> Backflow Prevention | |
| | | | | <input type="checkbox"/> Adequate Chemicals | |
| | | | | <input type="checkbox"/> Appropriate Chemicals | |
| | | | | <input type="checkbox"/> Appropriate Storage | |
| | | | | <input type="checkbox"/> Safety Equipt. | |
| | | | | <input type="checkbox"/> Acceptable Ventilation | |
| | | | | <input type="checkbox"/> Field Test Equipt. Available | |
| | | | | <input type="checkbox"/> Field Test Reagents Current | |
| | | | | <input type="checkbox"/> Proper Vat Dilutions Made | |

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fe & Mn Removal | |
| | | | | <input checked="" type="checkbox"/> Pumps & Aerators Operable | |
| | | | | <input checked="" type="checkbox"/> Equipt. O&M Satisfactory | |
| | | | | <input checked="" type="checkbox"/> Filtration Unit Operable | |
| | | | | <input type="checkbox"/> Adequate Chemicals | |
| | | | | <input type="checkbox"/> Appropriate Chemicals | |
| | | | | <input type="checkbox"/> Appropriate Storage | |
| | | | | <input checked="" type="checkbox"/> Plant Capacity Adequate | |
| | | | | <input checked="" type="checkbox"/> Backwash Procedures Correct | |
| | | | | <input type="checkbox"/> Cl Contact Time Adequate | |
| | | | | <input type="checkbox"/> Records Kept | |
| | | | | <input type="checkbox"/> Filter Runs | |
| | | | | <input type="checkbox"/> Backwashing | |

- ☐ Chemicals Added
☐ Raw H₂O Quality
☐ Finished H₂O Quality
☐ Other
☐ Field Test Equipmt. Available
☐ Field Test Reagents Current
☐ Backflow Protection

Storage Facility(s):

Yes No ? N/A

ITEMS

NOTES:

I. Compound:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | * | <input type="checkbox"/> | <input type="checkbox"/> | Fenced Against Vandalism |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weed / Plant Control |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soil/Erosion/Rodent Control |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Debris/Trash Control |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tools & Materials Stored OK |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accessible Valves/Valve Box |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Access Road Maintained |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Slab / Ringwall Intact |

II. Gravity Tank(s):

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|----------------------------|-------|
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Structural Integrity Sound | <hr/> |
| | | | * | Tank Walls OK | |
| | | | * | Tank Base OK | |
| | | | <input type="checkbox"/> | Anchor Rods OK | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Valves Operate Properly | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paint Adequate & Non-Toxic | |
| | | | <input type="checkbox"/> | Interior Paint OK | |
| | | | * | Exterior Paint OK | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All Openings Secure | |
| | | | * | Openings Screened | |
| | | | * | Openings Locked | |
| | | | * | NO Unauthorized Access | |
| | | | * | NO Contamination | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Overflow Drain Adequate | |
| | | | * | Openings Screened | |
| | | | * | NO Erosion | |
| * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tank Ladder Adequate | |

- * Designed for Safety
- ☐ Safety Equipt. Available
- * Caged / Safety Cable
- * NO Unauthorized Access

- * ☐ ☐ ☐ Target OK and Operational
- * ☐ ☐ ☐ Freeze Protection

III. Hydropneumatic Tank(s):

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Press. Switches Calibrated	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Air Compressor Operational	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	NO Water Logging	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Tank & Supports Sound	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Check Valves Operational	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*	Press. Gauges Operational	

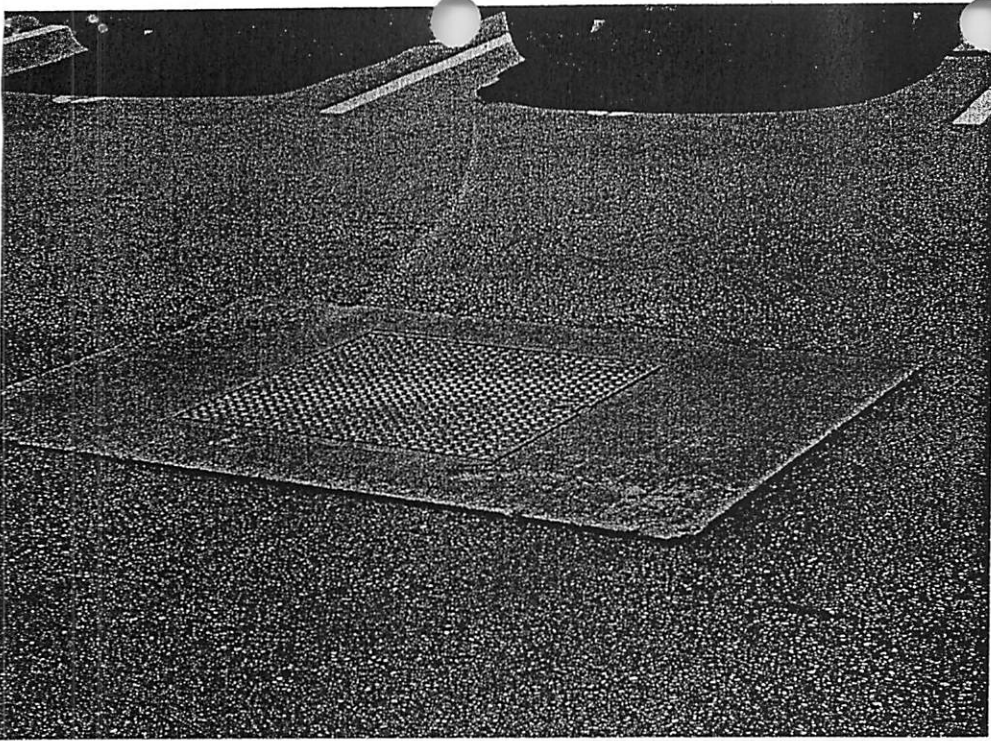
DISTRIBUTION SYSTEM:

<u>Yes</u>	<u>No</u>	<u>?</u>	<u>N/A</u>	<u>ITEMS</u>	<u>NOTES:</u>
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AS-BUILTS Accurate	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover Soil Integrity Good	
				<input type="checkbox"/> Location Markers Present	
				* NO Evidence of Leakage	
				* NO Evidence of Erosion	
				* NO Evidence of Settlement	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valve Boxes Operational	
				* Satisfactory Identification	
				* Sound Condition	
				* Covers in Place	
				* Free of Debris	
*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valves Operational	
				* Sound Condition / NO Leaks	
				<input type="checkbox"/> Vent & Screens on ARV's	
				<input type="checkbox"/> PRV's Operational	
				<input type="checkbox"/> Exercised Regularly & Recorded	

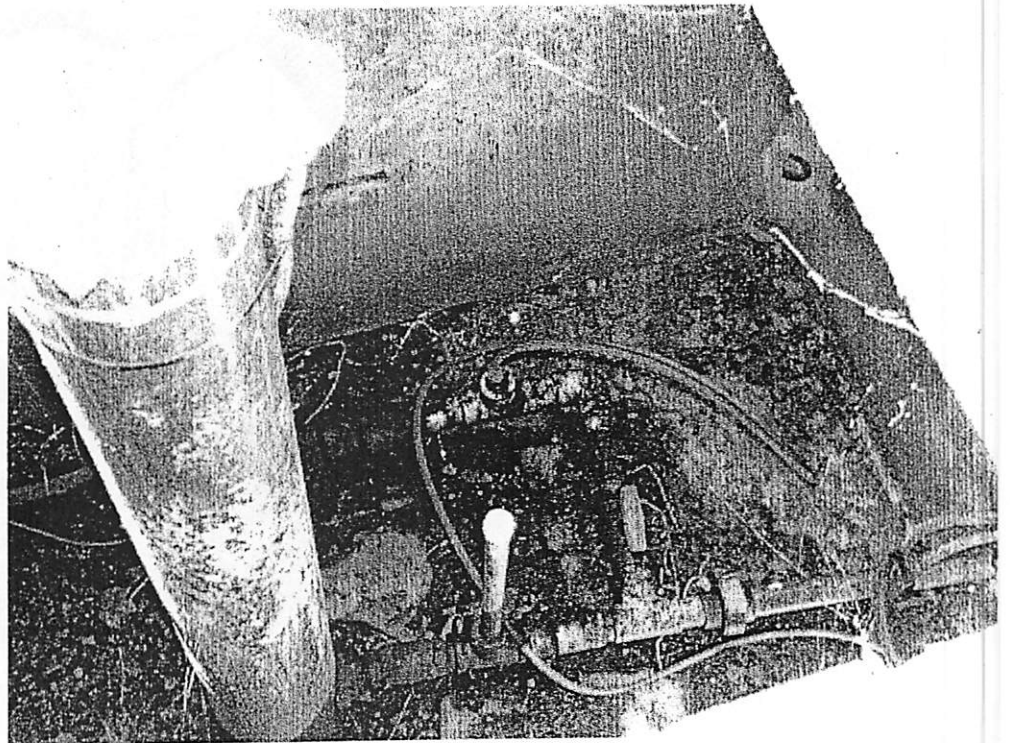
* ☐ ☐ ☐ Control Valves Operational
☐ Altitude Valve(s)
☐ Press. Reducing Valve(s)
☐ Press. Relief Valve(s)
* Other Control Valve(s)

* ☐ ☐ ☐ Fire Hydrant(s) Operational
☐ Proper Flow
☐ Drain Valve(s) Function Properly
☐ Flushed Regularly & Recorded

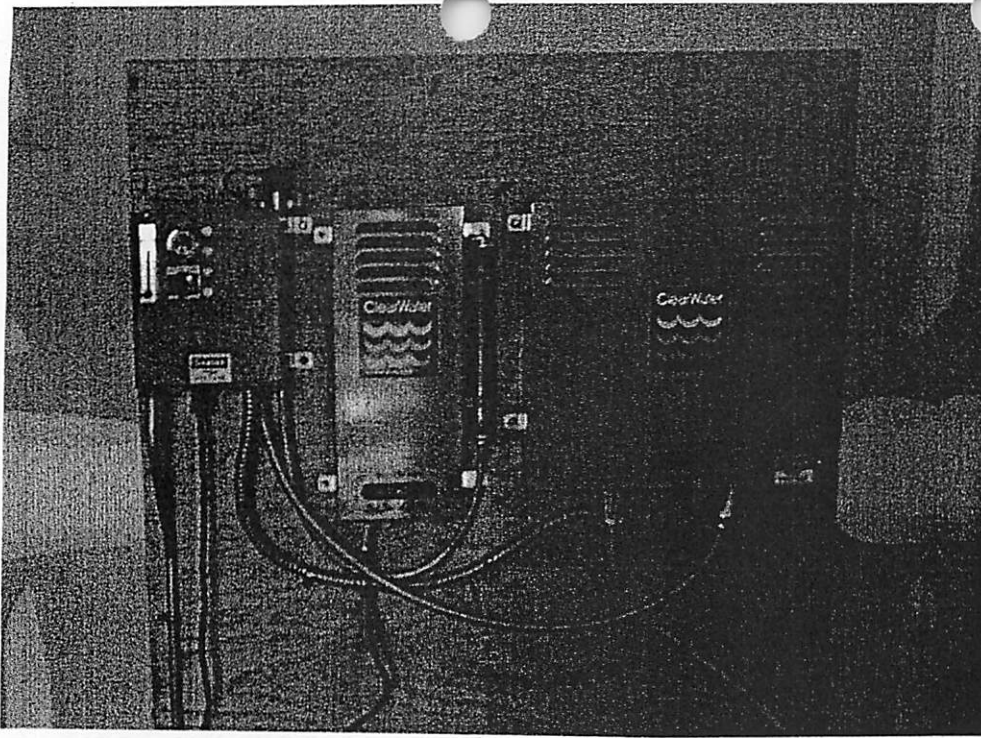
☐ * ☐ ☐ Cross-Connection Control
☐ Adequate Backflow Installed
☐ Backflow Tested annually
☐ Control Program in Place



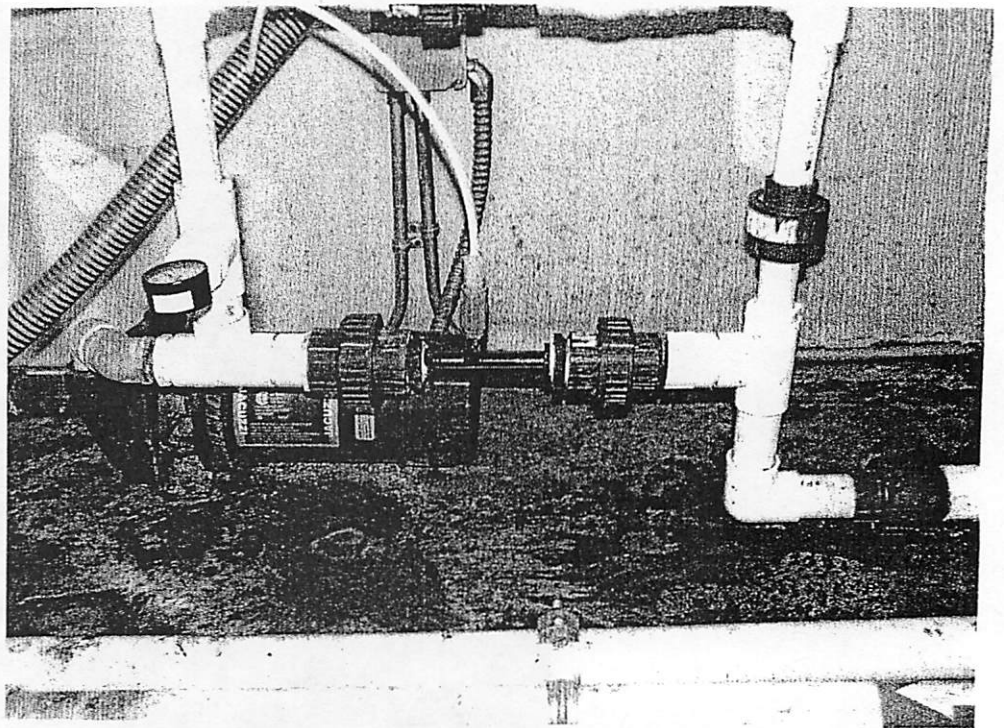
Jamestown S'Klallam Tribe- 7 Cedars Casino-
Vault and hatch covering wellhead located in
front parking lot.



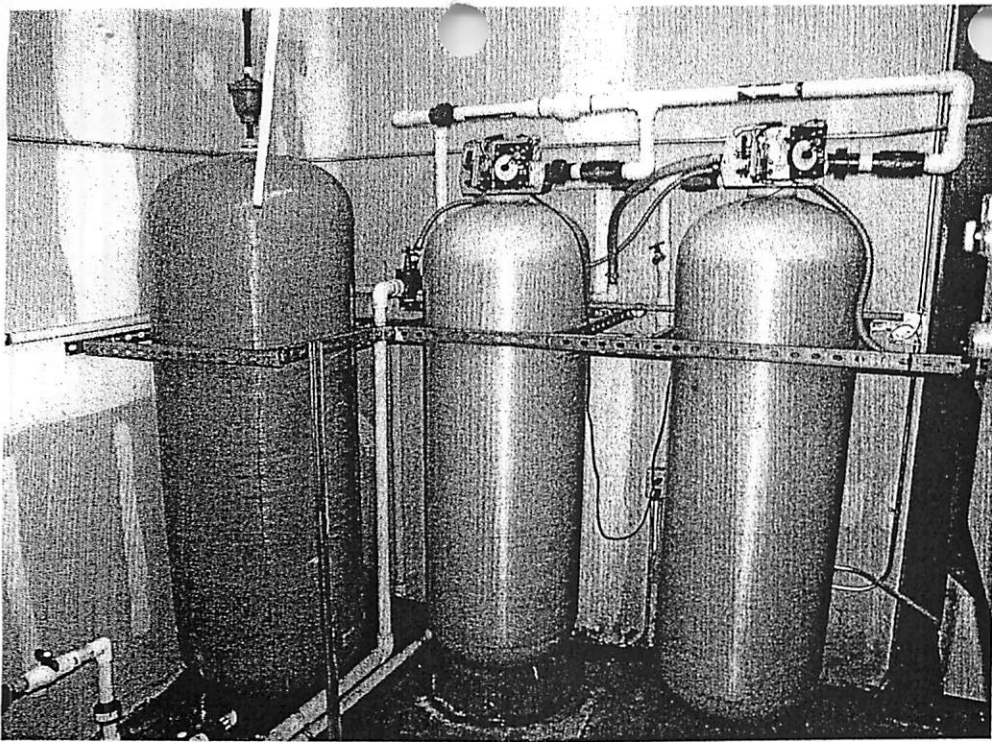
Jamestown S'Klallam Tribe- 7 Cedars Casino-
Wellhead in concrete vault. Note- 6-inch drain
is located in upper left corner of picture, not
visible.



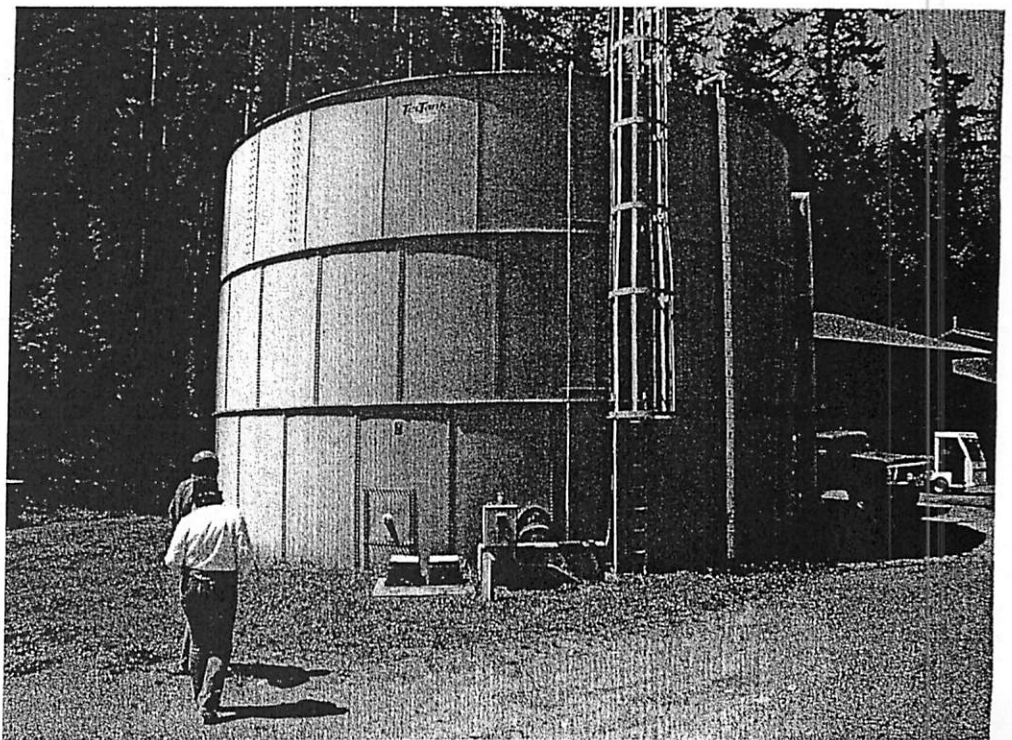
Jamestown S'Klallam Tribe- 7 Cedars Casino-
Ozone generator and air dryer unit.



Jamestown S'Klallam Tribe- 7 Cedars Casino-
Ozone injection port with static mixer.



Jamestown S'Klallam Tribe- 7 Cedars Casino-
Ozone contactor tank and multimedia pressure
filters for manganese removal. Note auto back
flush controls at filter top



Jamestown S'Klallam Tribe- 7 Cedars Casino-
Bolted steel water storage tank with safety
ladder, water level targets, overflow pipe with
flapper cover and air compressors at tank base
for interior bubblers to prevent stratification.